12/02/2009 16:29

Image# 29935526342

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
	New York State Hospital and	Healthcare Associations' Federal	I PAC		
AD	DRESS (number and street)	One Empire Drive			
	Check if different than previously reported. (ACC)	Rensselaer		NY	12144
2.	FEC IDENTIFICATION NUM	IBER ♥ CITY	'A	STATE	ZIPCODE 🛕
	C00160259	3. IS		AMENDED (A))
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Yull July 31 Mid-Year Report(Non-electio Year Only) (MY) Termination Report (TER)	1) (c) 12-Day PRE-Election Report for the: 3) Election (d) 30-Day Post -Election Report for the:	General (30G)	M6) Sep 20 (M9)	Year Only) Dec 20 (M12) (Non-Election Year Only)
5.	Covering Period 1 0	15 2009	through 1	1 23 200	9
Тур Sig	poe or Print Name of Treasurer gnature of Treasurer Electro DTE: Submission of false, error	Report and to the best of my know Mr. Steven Kroll nically Filed by Mr. Steven Krol neous, or incomplete information	11	Date 12 0	
FF	Office Use Only				C FORM 3X Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS 2/39

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

New York State Hospital and Healthcare Associations' Federal PAC

1 0 15 2009 23 2009 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 62674.90 January 1 (b) Cash on Hand at 47640.73 Begining of Reporting Period 70790.00 208855.83 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 118430.73 271530.73 6(a) and 6(c) for Column B) 0.00 153100.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 118430.73 118430.73 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 39

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period:

From:

D D 15

м м 1 0 2009

та:

м м 1 1 D D 23

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	52260.00	169590.83
	(ii) Unitemized	16530.00	37265.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	68790.00	206855.83
(b) Political Party Committees	0.00	0.00
`	(c) Other Political Committees (such as PACs)	2000.00	2000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	70790.00	208855.83
	Fransfers From Affiliated/Other	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
((a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	70790.00	208855.83
	otal Federal Receipts subtract Line 18(c) from Line 19)	70790.00	208855.83

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/39

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
. Transfers to Affiliated/Other Party		15000000
Committees Contributions to	0.00	150000.00
Federal Candidates/Committeesand Other Political Committees	0.00	2500.00
. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	600.00
. Other Disbursements	0.00	0.00
. Other bisbursements		
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	153100.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	153100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 39

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	70790.00	208855.83
34. Total Contribution Refunds (from Line 28(d))	0.00	600.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70790.00	208255.83
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) New York State Hospital and Healthca	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Daniel Abbruzzese Mailing Address 7 Harrison Woods Co City Northport FEC ID number of contributing federal political committee. Name of Employer Winthrop University Hosp. Receipt For: Primary General Other (specify)	State Zip Code NY 11768 C Occupation Vice President Aggregate Year-to-Date 600.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Michael Alesandro Mailing Address 52 Mariners Lane City Northport FEC ID number of contributing federal political committee. Name of Employer Huntington Hospital Receipt For: Primary General Other (specify)	State Zip Code NY 11768 C Occupation Director Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Ralph Andrew Mailing Address 310 E. 14th Street City New York FEC ID number of contributing federal political committee. Name of Employer New York Eye and Ear Infirmary Receipt For: Primary General Other (specify)	State Zip Code NY 10003 C Occupation Gov't. Affairs Representative Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		2100.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	ation copied from such Reports and Sinercial purposes, other than using the DF COMMITTEE (In Full) ork State Hospital and Healthca	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing A City Delmai FEC ID federal p	ne (Last, First, Middle Initial) an Aroumougame Address 11 Ridgefield Drive r number of contributing political committee. f Employer a Hospital	State NY C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt		Physicist Aggregate	e Year-to-Date ▼ 350.00	
Mr. John Mailing A	ne (Last, First, Middle Initial) Baran Address 2489 East Lake Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	ateles number of contributing political committee.	State NY	Zip Code 13152	Transaction ID: SA11AI.13427 Amount of Each Receipt this Period 350.00
Receipt Pr	f Employer Memorial Hospital For: imary General ther (specify) ▼		n nancial Officer e Year-to-Date ▼ 350.00	
	ne (Last, First, Middle Initial) orah Bohren Address 132 Reverie Court			Date of Receipt 1 1 1 1 6 2 0 0 9
City White I		State NY	Zip Code 10603	Transaction ID: SA11AI.13288 Amount of Each Receipt this Period
federal p	number of contributing political committee. f Employer angone Medical Center	Occupation		500.00
Receipt		Vice Dea Aggregate	e Year-to-Date ▼ 500.00]
SUBTOTA	AL of Receipts This Page (optional))	1200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 39 (check only one) X 11a 11b 11c 12 15 16 17
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	New York State Hospital and Healtho	care Associations' Federal PAC	
4.	Full Name (Last, First, Middle Initial) Mr. Patrick Borek		Date of Receipt
	Mailing Address 45 REade Place		11 1 16 2009
	City	State Zip Code	Transaction ID: SA11AI.13485
	Poughkeepsie FEC ID number of contributing federal political committee.	NY 12601	Amount of Each Receipt this Period 300.00
	Name of Employer Health Quest	Occupation	
	Health Quest	Vice Persident	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Akram Boutros		Date of Receipt
	Mailing Address 69 Hitching Post Lan	1 1 1 6 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11Al.13393
	Glen Cove	NY 11542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer South Nassau Communities Hospital	Occupation Sr. Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
 ;.	Full Name (Last, First, Middle Initial) Mr. Charles Bove		Date of Receipt
	Mailing Address 24 Sexton Drive		1 1 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13309
	West Islip	NY 11795	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Good Samaritan Hospital Medical Center	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Г			1800.00

Lewiston FEC ID number of contributing federal political committee. Name of Employer Mt. St. Mary's Hospital Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mr. Jerome Canny Mailing Address 7 Ivanhoe Raod NY 14052 Amount of Each Receipt the Committee. Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt M M M / P D M / Y D D M	GE 9/39		Use separate schedule(s) for each category of the Detailed Summary Page	EDULE A (FEC Form 3X) IZED RECEIPTS		
New York State Hospital and Healthcare Associations' Federal PAC Full Name (Last, First, Middle Initial) Mailing Address 382 Bunn Hill Road City State Zip Code Vestal NY 13850 FEC ID number of contributing federal political committee. Name of Employer Mit St. Mary's Hospital City State Zip Code United Health Services Narriansection ID: SA11Al. Amount of Each Receipt the Transaction ID: SA11Al. Amount of E	ntributions ommittee.	n for the purpose of soliciting contribution solicit contributions from such committee	η not be sold or used by any persodress of any political committee to	ommercial purposes, other than using the name and ad	or for comme	
Mailing Address 382 Bunn Hill Road City Vestal FEC ID number of contributing federal political committee. Name of Employer United Health Services Mailing Address 5300 Military Road City State Zip Code Name (Last, First, Middle Initial) Mr. Angelo Calbone Mailing Address 5300 Military Road City State Zip Code Mailing Address 5300 Military Road City State Zip Code NY 14052 Transaction ID: SA11Al. Amount of Each Receipt the state of Receipt the state			ons' Federal PAC	, ,	1 \	
City				Christina Boyd	Ms. Christi	٠ ٩.
Vestal	2009	11 23 200	Zin Codo			
FEC ID number of contributing federal political committee. Name of Employer United Health Services			·		-	
Receipt For: Primary	350.00		10000	ID number of contributing	FEC ID nu	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Angelo Calbone Mailing Address 5300 Military Road City State Zip Code NY 14052 FEC ID number of contributing federal political committee. Name of Employer Mailing Address 7 Ivanhoe Raod City State Zip Code NY 14052 Amount of Each Receipt the Cocupation Chief Executive Officer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Jerome Canny Mailing Address 7 Ivanhoe Raod City State Zip Code NY 13903 FEC ID number of contributing federal political committee. City State Zip Code NY 13903 FEC ID number of contributing federal political committee. NAme of Employer United Health Servs Hospitals IRECeipt For: Aggregate Year-to-Date ▼ Occupation Administration Administration Aggregate Year-to-Date ▼ Occupation Administration Aggregate Year-to-Date ▼				ne of Employer ed Health Services Occupation Marketin	Name of E United He	
Mr. Angelo Calbone Mailing Address 5300 Military Road City State Zip Code Lewiston NY 14052 FEC ID number of contributing federal political committee. Name of Employer Mt. St. Mary's Hospital Receipt For: Primary General Other (specify) ▼ City State Zip Code Chief Executive Officer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Jerome Canny Mailing Address 7 Ivanhoe Raod City State Zip Code Binghamton NY 13903 FEC ID number of contributing federal political committee. Name of Employer Name of Employer Occupation Administration Aggregate Year-to-Date ▼ Transaction ID: SA11AI. Amount of Each Receipt the State Zip Code Transaction ID: SA11AI. Amount of Each Receipt the State Zip Code Transaction ID: SA11AI. Amount of Each Receipt the State Zip Code Transaction ID: SA11AI. Amount of Each Receipt the State Sta			350.00	Primary General 35 5	Prim	
City State Zip Code NY 14052 NY 14052		╡ '		Angelo Calbone	Mr. Angelo	3.
Lewiston FEC ID number of contributing federal political committee. Name of Employer Mt. St. Mary's Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Jerome Canny Mailing Address 7 Ivanhoe Raod City State Zip Code Binghamton FEC ID number of contributing federal political committee. Name of Employer United Health Servs Hospitals Receipt For: Primary General Occupation NY 13903 Cocupation Administration Aggregate Year-to-Date ▼ Cocupation Administration Aggregate Year-to-Date ▼	2009		Mailing Address 5300 Military Road			
FEC ID number of contributing federal political committee. Name of Employer Mt. St. Mary's Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Mr. Jerome Canny Mailing Address 7 Ivanhoe Raod City State Zip Code Binghamton FEC ID number of contributing federal political committee. Name of Employer United Health Servs Hospitals Receipt For: Primary General Occupation Administration Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Occupation Administration Aggregate Year-to-Date ▼	.13545	Transaction ID: SA11AI.13545	Zip Code		City	
Receipt For: Primary General	nis Period	Amount of Each Receipt this Period	14052	viston NY	<u>Lewistor</u>	
Mt. St. Mary's Hospital Chief Executive Officer Receipt For: Primary General Other (specify) ▼ City State Zip Code Binghamton FEC ID number of contributing federal political committee. Name of Employer United Health Servs Hospitals Receipt For: Primary General Chief Executive Officer Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt the Occupation Administration Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	600.00	600.0				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Jerome Canny Mailing Address 7 Ivanhoe Raod City State Zip Code Binghamton FEC ID number of contributing federal political committee. Name of Employer United Health Servs Hospitals Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General			ecutive Officer	St. Mary's Hospital Chief Ex		
Mr. Jerome Canny Mailing Address 7 Ivanhoe Raod City State Zip Code Binghamton FEC ID number of contributing federal political committee. Name of Employer United Health Servs Hospitals Receipt For: Primary General Date of Receipt Transaction ID: SA11AI. Amount of Each Receipt the Coccupation Administration Aggregate Year-to-Date ▼			1 1 1 1 1 1 1	Primary General	Prim	
City State Zip Code Binghamton NY 13903 FEC ID number of contributing federal political committee. Name of Employer United Health Servs Hospitals Receipt For: Primary General State Zip Code Transaction ID: SA11AI. Amount of Each Receipt th		Date of Receipt				· ;.
Binghamton NY 13903 Amount of Each Receipt th FEC ID number of contributing federal political committee. Name of Employer United Health Servs Hospitals Receipt For: Primary General Aggregate Year-to-Date ▼	2009	11 23 200		- Trainies riasa		
FEC ID number of contributing federal political committee. Name of Employer United Health Servs Hospitals Receipt For: Primary General C Occupation Administration Aggregate Year-to-Date		Transaction ID: SA11AI.13632	•		-	
tals Receipt For: Primary General Administration Aggregate Year-to-Date ▼	300.00		13903	ID number of contributing	FEC ID nu	
Receipt For: Aggregate Year-to-Date ▼ Primary General				Adminis	tals	
				Primary General	Prim	
SUBTOTAL of Receipts This Page (optional)	1250.00	1250.0		OTAL of Receipts This Page (optional)	SUBTOTAL	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 39 (check only one) X
or for comm	tion copied from such Reports and lercial purposes, other than using th OF COMMITTEE (In Full) ork State Hospital and Healtho	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nam Mr. Dona Mailing A		State	Zip Code	Date of Receipt 1 1 2 3 2 0 0 9 Transaction ID: SA11AI.13636
	mton number of contributing olitical committee.	C	13905	Amount of Each Receipt this Period 650.00
sps. Receipt Pri	Employer lealth Services Ho- For: mary General her (specify)	Occupation Attorney Aggregate	Year-to-Date ▼ 650.00	
Mr. Thom	ne (Last, First, Middle Initial) nas Carman Address 322 Flower Avenue V	Vest		Date of Receipt 1 1 1 1 6 2 0 0 9
City <u>Watert</u>	own	State NY	Zip Code 13601	Transaction ID: SA11AI.13506 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		1000.00
	Employer an Medical Center	 ' ' 	Administrator	
	ror: mary General her (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Mr. John				Date of Receipt
Mailing A	Address 25 Sweet Briar Court		7: 0 !	11 23 2009
City <u>Endwel</u>	I	State NY	Zip Code 13760	Transaction ID: SA11AI.13645 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		350.00
	Employer lealth Services	Occupation Vice Pre-		
	For: mary	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTA	L of Receipts This Page (optional)			2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 39 (check only one) X
Ar	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) New York State Hospital and Healtho	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u>	Full Name (Last, First, Middle Initial) Mr. William Carroll Mailing Address 522 First Avenue			Date of Receipt 1 1 2 3 2 0 0 9
	City New York	State NY	Zip Code 10016	Transaction ID: SA11AI.13738 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer NYU Langorie Medical Ctr. Receipt For: Primary General Other (specify)	Occupation Director Aggregate	e Year-to-Date ▼ 500.00	1
 3.	Full Name (Last, First, Middle Initial) Mr. Charles Conole Mailing Address 651 Stinard Avenue			Date of Receipt
	City	State	Zip Code	1 1 1 6 2 0 0 9 Transaction ID: SA11Al.13326
	Syracuse FEC ID number of contributing federal political committee.	C	13207	Amount of Each Receipt this Period 650.00
	Name of Employer E.J. Noble Hospital-Gouve- rneur		ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
	Full Name (Last, First, Middle Initial) Dr. Rajesh Dave			Date of Receipt
	Mailing Address 323 Foster Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Vestal	State NY	Zip Code	Transaction ID: SA11AI.13630
	FEC ID number of contributing federal political committee.	C	13850	Amount of Each Receipt this Period 350.00
	Name of Employer Unite Health Services Hos- pitals	Occupatio Vice Pres	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional))	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 39 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) New York State Hospital and Healthc	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. John Dobrinski Mailing Address 84 Mill STreet City Binghamton FEC ID number of contributing federal political committee. Name of Employer United Health Services Receipt For: Primary General	State NY C Occupation Senior D Aggregate		Date of Receipt M M M / 23 / 2009 Transaction ID: SA11AI.13643 Amount of Each Receipt this Period 350.00
Other (specify) Full Name (Last, First, Middle Initial) Mr. Richard Donoghue Mailing Address 550 First Avenue City New York FEC ID number of contributing federal political committee. Name of Employer NYU Langone Medical Center	State NY C Occupation Senior V	Zip Code 10016	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Fagan Mailing Address 117 E. 7th Street City New York FEC ID number of contributing federal political committee.	Aggregate State NY	Zip Code 10009	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer St. Vincent Catholic Med. Ctr. Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe		e Year-to-Date ▼ 350.00	1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benorts a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 13 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) New York State Hospital and Heal	g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Ms. Melissa Farber Mailing Address 33 Westminster Di	rive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13374
<u>Parsippany</u>	NJ 07054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Jewish Guild for the Blind	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Thomas Feuerstein		Date of Receipt
Mailing Address 5 Cliffview Court		M M / D D / Y Y Y Y Y Y 1 1 1 1 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.13284
Princetown Junctio	NJ 08550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NYU Langone Medical Center	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Steven Flanagan		Date of Receipt
Mailing Address 400 E. 34th Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13744
New York	NY 10016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NYU Langone Medical Ctr.	Occupation Dept. Chairman & Professor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receints This Page (ontion	al)	1300.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/39
ITEMIZED RECEIPTS		for each category of the	(check only one)
THE MILES REGENT 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Benevia and St	otomonto mo	, not be cold or used by any parce	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	name and add	rnot be sold of used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
New York State Hospital and Healthcar	e Associati	ons' Federal PAC	
Full Name (Last, First, Middle Initial) Ms Anne Fontaine			Date of Receipt
Mailing Address 91 Columbia Heights			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13325
Brooklyn	NY	11201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Brooklyn Hospital Center	Occupation Trustee	1	
Receipt For:		Year-to-Date ▼	1
Primary General	, iggi ogalo		1
Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Mr. John Francis			Date of Receipt
Mailing Address 275 North Street			1 1 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.13475
<u>Harrison</u>	NY	10528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer St. Vincent's Hosp., Wstc- hstr	Occupation Administ	rative Director	
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Ms. Denise George			Date of Receipt
Mailing Address 6511 Springbrook Aven	iue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13484
Rhinebeck	NY	12572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Northern Dutchess Hospital	Occupation Vice Pres		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional)		·····	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 39 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) New York State Hospital and Healthc	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial)	Jaie Associali	UIS TEUEIAI FAO	
۱.	Dr. Gino Giorgini Mailing Address 1000 Montauk Highw	<i>r</i> ay		Date of Receipt 1 1 1 6 2 0 0 9
	City West Islip	State NY	Zip Code 11795	Transaction ID: SA11AI.13392 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Good Samaritan Hospital Medical Center Receipt For: Primary Other (specify) ▼	Occupatio Medical Aggregate		1
 B.	Full Name (Last, First, Middle Initial) Dr. Aaron Glatt Mailing Address 1035 Hazel Place			Date of Receipt
	City	State	Zip Code	11 16 2009
	Woodmere	NY	21p Code 11598	Transaction ID: SA11AI.13536 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	350.00
	Name of Employer New Island Hospital	Occupatio Health C	n are Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Mr. Jeffrey Gold			Date of Receipt
	Mailing Address 1 Empire Drive			11 23 2009
	City	State	Zip Code	Transaction ID: SA11AI.13658
	Rensselaer FEC ID number of contributing federal political committee.	C	12144	Amount of Each Receipt this Period 600.00
	Name of Employer Healthcare Assn. of NYS	Occupatio Vice Pre		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
S	SUBTOTAL of Receipts This Page (optional)			1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/39 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) New York State Hospital and Healt	hcare Associati	ons' Federal PAC	
Full Name (Last, First, Middle Initial) Dr. Steven Golinowski			Date of Receipt
Mailing Address 35 Pheasant Run L	ane		M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 1 6 2 0 0 9
City Dix Hills	State NY	Zip Code 11746	Transaction ID: SA11AI.13394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Good Samaritan Hospital	Occupation Medical I		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Robert Grossman			Date of Receipt
Mailing Address 550 First Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State NY	Zip Code	Transaction ID: SA11AI.13398
New York FEC ID number of contributing federal political committee.	C	10016	Amount of Each Receipt this Period 500.00
Name of Employer NYU Langone Medical Ctr.	Occupation Dean	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Kevin Hannifan			Date of Receipt
Mailing Address 111 Wildwood Driv	re		1 1 1 1 6 2 0 0 9
City	State CT	Zip Code	Transaction ID: SA11AI.13286
Avon FEC ID number of contributing federal political committee.	C	06001	Amount of Each Receipt this Period 500.00
Name of Employer NYU Langone Medical Center	Occupation Hospital	n Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) New York State Hospital and Healthca	are Associati	ons' Federal PAC	
Full Name (Last, First, Middle Initial) Mr. Ira Hazan			Date of Receipt
Mailing Address 30 Plum Beach Point I	Road		11 23 YYYY 12009
City	State	Zip Code	Transaction ID: SA11AI.13656
Sands Point	NY	11050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer North Shore-LIJ Health Sy-	Occupatio Trustee	n	
stem Receipt For:	, '	e Year-to-Date 🔻	
Primary General Other (specify) ▼	, iggi ogate	500.00	
Full Name (Last, First, Middle Initial) Mr. Warren Hern	<u> </u>		Date of Receipt
Mailing Address 89 Genesee Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.13449
<u>Rochester</u>	NY	14611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Unity Health System	Occupatio Chief Fin	n nancial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Mr. Richard Hiegel			Date of Receipt
Mailing Address 1220 Park Avenue			1 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.13425
New York	NY	10128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Southampton Hospital	Occupatio Board Di		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			3500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to ealthcare Associations' Federal PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert Higgins Mailing Address 6 Sage Estate City Menands FEC ID number of contributing federal political committee. Name of Employer Albany Medical Center Receipt For: Primary General Other (specify)	State Zip Code NY 12204 C Occupation Trustee Aggregate Year-to-Date 1000.00	Date of Receipt M M M / 23 / 2009 Transaction ID: SA11AI.13731 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. George Hines Mailing Address 111 Cherry Valle City Garden City FEC ID number of contributing federal political committee. Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. David Hoffman Mailing Address 374 Stockholm S City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Wyckoff Heights Med. Ctr. Receipt For: Primary General Other (specify)	Street State Zip Code NY 11237 C Occupation Vice President Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 6 2 0 0 9 Transaction ID: SA11AI.13477 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (opti	onal)	1950.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 39 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) New York State Hospital and Healthca	name and add	dress of any political committee to	on for the purpose of soliciting contributions
∠ 4 .	Full Name (Last, First, Middle Initial) Ms. Theodora Hooton Mailing Address 55 Wheatley Road			Date of Receipt
	City Glen Head FEC ID number of contributing	State NY	Zip Code 11545	Transaction ID: SA11AI.13391 Amount of Each Receipt this Period 1000.00
	Name of Employer Winthrop University Hospital Receipt For: Primary Other (specify)	Occupatio Trustee	n e Year-to-Date ▼ 1000.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Robert Hurlbut Mailing Address 200 Sheldon Road			Date of Receipt 1 1 1 6 2 0 0 9
	City Honeoye Falls FEC ID number of contributing federal political committee.	State NY	Zip Code 14472	Transaction ID: SA11AI.13313 Amount of Each Receipt this Period 1000.00
	Name of Employer Strong Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupatio Board Mo Aggregate		
- C.	Full Name (Last, First, Middle Initial) Mr. Daniel Ireland Mailing Address 6994 Tripp Road			Date of Receipt
	City Byron FEC ID number of contributing federal political committee.	State NY	Zip Code 14422	Transaction ID: SA11AI.13455 Amount of Each Receipt this Period 350.00
	Name of Employer United Memorial Medical Ctr. Receipt For: Primary General Other (specify) ▼	Occupatio Vice Pres Aggregate		
	SUBTOTAL of Receipts This Page (optional)			2350.00
	TOTAL This Period (last page this line number	only))	

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 39 (check only one) X
Any information copied from such F or for commercial purposes, other t	nan using the name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
New York State Hospital and	,	ons' Federal PAC	
Full Name (Last, First, Middle Ir Ms. Sharon Kennish Mailing Address 1077 Nova			Date of Receipt
		7in Code	11 16 2009
City South Hampton	State NY	Zip Code 11968	Transaction ID: SA11AI.13389 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer St. Catherine of Siena Med Ctr	Occupation Chief Adr	n ministrative Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle In Ms. Maryann Kepple			Date of Receipt
Mailing Address 45 REade I	Place		11 23 2009
City	State	Zip Code	Transaction ID: SA11AI.13735
Poughkeepsie	NY	12601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Health Quest	Occupation Chief Final	n ancial Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle In Ms. Robin Kinslow-Evans	itial)		Date of Receipt
Mailing Address 16 Woodfie	ld Road		11 23 7 9 9
City	State	Zip Code	Transaction ID: SA11AI.13637
Pomona	NY	10970	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Bon Secours Charity Health Sys		ce President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Pag	e (optional)		1250.00
TOTAL This Period (last page this		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
New York State Hospital and Healtho	are Associations' Federal PAC	
Full Name (Last, First, Middle Initial) Mr. Kevin Kirchen Mailing Address 77 Bleecker Street		Date of Receipt
	Otata 7'- Oada	11 16 2009
City New York	State Zip Code NY 10012	Transaction ID: SA11AI.13292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NYU Langone Medical Center	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Gary Kochem		Date of Receipt
Mailing Address 78 McCormack Road		11 1 16 7 9 9
City	State Zip Code NY 12159	Transaction ID: SA11AI.13574
Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 250.00
Name of Employer Albany Medical Center	Occupation Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Nancy Landor	1	Date of Receipt
Mailing Address 3 Daniel Lill Court		1 1 1 1 6 2 0 0 9
City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.13395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Healthcare Assn. of NYS	Occupation QARI Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	·	1100.00
TOTAL This Period (last page this line number	r only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) New York State Hospital and Healtho	care Associati	ons' Federal PAC	
<u></u>	Full Name (Last, First, Middle Initial) Mr. Kevin Lawlor			Date of Receipt
	Mailing Address 110 Lisa Drive			1 1 1 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13472
	Northport	NY	11768	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Huntington Hospital	Occupatio Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		600.00	
_	Full Name (Last, First, Middle Initial) Ms. Cynthia Levernois			Date of Receipt
	Mailing Address 232 Concord Hill Driv	ve		M M / D D / Y Y Y Y Y 1 Y 1 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13337
	Altamont	NY	12009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Healthcare Assocaition of NYS	Occupatio Director	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Mr. Robert Levine			Date of Receipt
	Mailing Address 36 Halyard Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13336
	N. Woodmere	NY	11581	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Peninsula Hospital Center	Occupatio Chief Exc	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) New York State Hospital and Health	d Statements may not be sold or used by any personante name and address of any political committee to acare Associations' Federal PAC	
Full Name (Last, First, Middle Initial) Mr. Andrew Litt Mailing Address 116 W. 86 Street City New York FEC ID number of contributing federal political committee. Name of Employer NYU Langone Medical Center Receipt For: Primary General Other (specify)	State Zip Code NY 10024 C Occupation Executive Vice President Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 6 2 0 0 9 Transaction ID: SA11AI.13296 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. D. Rob MacKenzie Mailing Address 6252 Bower Road City Trumansburg FEC ID number of contributing federal political committee. Name of Employer Cayuga Medical Center Receipt For: Primary General Other (specify)	State Zip Code NY 14886 C Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.13505 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Ms Sandra MacWilliam Mailing Address 19 Sheldon Terrace City Spencerport FEC ID number of contributing federal political committee. Name of Employer Unity Health System Receipt For: Primary General Other (specify)	State Zip Code NY 14559 C Occupation Administration Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D C 2009 Transaction ID: SA11AI.13471 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (optional)	1350.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or f	r information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	New York State Hospital and Healtho	are Associat	ions' Federal PAC	
Α.	Full Name (Last, First, Middle Initial) Ms. Diane Marotta			Date of Receipt
	Mailing Address 6 Seabrook Lane	Stata	7in Codo	11 23 2009
	City Stony Brook	State NY	Zip Code 11790	Transaction ID: SA11AI.13606 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11700	250.00
	Name of Employer J.T. Mather Memorial Hosp- ital	Occupation Vice Pre		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Timothy McCormick	<u> </u>		Date of Receipt
	Mailing Address 89 Genesee Street			11 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.13448
	Rochester	NY	14611	Amount of Each Receipt this Period
,	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Unity Health System	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 S.	Full Name (Last, First, Middle Initial) Mr. Mark McManus			Date of Receipt
	Mailing Address 19 Eagle Drive			11 23 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.13641
	Endwell FEC ID number of contributing federal political committee.	C	13760	Amount of Each Receipt this Period 350.00
,	Name of Employer United Health Services	Occupation Vice Pre		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SI	JBTOTAL of Receipts This Page (optional)			1600.00
т	OTAL This Period (last page this line number	er only)	•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to	
New York State Hospital and Healt	hcare Associations' Federal PAC	
Full Name (Last, First, Middle Initial) Mr. James Millard Mailing Address 150 Streif Road		Date of Receipt
City	State Zip Code	1 1 1 6 2 0 0 9 Transaction ID: SA11AI.13274
<u>Elma</u>	NY 14059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer St. Joseph Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Ms. Florie Munroe		Date of Receipt
Mailing Address 45 REade Place		M M / D D / Y Y Y Y Y Y 1 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.13453
Poughkeepsie	NY 12601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Health Quest	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. John J. Murphy		Date of Receipt
Mailing Address 6079 Bay Hill Circle)	11
City <u>Jamesville</u>	State Zip Code NY 13078	Transaction ID: SA11AI.13615 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Joseph's Hospital	Occupation Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (antions	J)	1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each cat	te schedule(s) egory of the mmary Page	FOR LINE NUMBER: PAGE 26 / 39 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) New York State Hospital and Healt	the name and address of any pol	itical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Ockenden Mailing Address 62 Erie Crescent			Date of Receipt
City Fairport FEC ID number of contributing	State Zip Code NY 14450	1 1	Transaction ID: SA11AI.13467 Amount of Each Receipt this Period 250.00
Receipt For: Primary General	Occupation Assoc. Vice President Aggregate Year-to-Date		230.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Ockers Mailing Address 101 Hospital Road City	State Zip Code	0 0 0 0	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Patchogue FEC ID number of contributing federal political committee. Name of Employer Brookhaven Meml. Hosp. Med. Ctr.	NY 11772 C Occupation Chief Executive Office		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Ogden	Aggregate Year-to-Date	1000.00	Date of Receipt
Mailing Address 140 Burwell Street City Little Falls	State Zip Code NY 13365		Transaction ID: SA11AI.13396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Little Falls Hospital	Occupation	1 1	350.00
Receipt For: Primary General Other (specify)	Health Care Executive Aggregate Year-to-Date		
SUBTOTAL of Receipts This Page (optional)		1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 27 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) New York State Hospital and Healthc	e name and address	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Seth Orlow Mailing Address 560 First Avenue City New York FEC ID number of contributing federal political committee. Name of Employer NYU Langone Medical Center Receipt For: Primary General Other (specify)		Zip Code 10016 r-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Alexander Ovchinsky Mailing Address 2560 Ocean Avenue City Brooklyn FEC ID number of contributing federal political committee. Name of Employer New York Eye & Ear Infirmary Receipt For: Primary General Other (specify)		Zip Code 11229 r-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Ms. Kathy Parker Mailing Address 1316 East Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer Strong Memorial Hospital Receipt For: Primary General Other (specify)			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			1350.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 39 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) New York State Hospital and Health	hcare Associatio	ons' Federal PAC	
Full Name (Last, First, Middle Initial) Ms Kathleen Parrinello			Date of Receipt
Mailing Address 601 Elmwood Aven	ue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13466
Rochester	NY	14642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Strong Memorial Hospital	Occupation Chief Ope	erating Officer	
Receipt For:	- '	Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Mr. Alan Pedersen			Date of Receipt
Mailing Address 1251 Hinging Post	Road		11 16 2009
City	State	Zip Code	Transaction ID: SA11AI.13483
Ithaca	NY	14250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Cayuga Medical Center	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. David Ping			Date of Receipt
Mailing Address 45 REAde Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13473
Poughkeepsie	NY	12601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Health Quest	Occupation Vice Pres		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (optiona	1)		950.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29/39 (check only one) X 11a
Any information or for commercial	copied from such Reports and al purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OMMITTEE (In Full) State Hospital and Healtho	care Associati	ons' Federal PAC	
Full Name (L Mr. Michael F	ast, First, Middle Initial)			Date of Receipt
	ess 347A Central Park A	venue		11 23 2009
City Scarsdale		State NY	Zip Code 10583	Transaction ID: SA11AI.13742 Amount of Each Receipt this Period
	ber of contributing cal committee.	C		500.00
Name of Em	ployer le Medical Center	Occupation Department	n ent Chairman	
Receipt For: Primar Other (y General specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (L Mr. Michael F Mailing Addr	•	rt		Date of Receipt
City		State	Zip Code	1 1 1 6 2 0 0 9 Transaction ID: SA11AI.13538
<u>Hamburg</u>		NY	14075	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		350.00
Name of Em Catholic Hea alo	ployer lith Sys. Buff-	Occupation Vice Pres		
Receipt For:	y General (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (L Ms. Claire Ro	ast, First, Middle Initial)			Date of Receipt
Mailing Addr				1 1 1 6 2 0 0 9
City Lloyd Neck	S	State NY	Zip Code 11743	Transaction ID: SA11AI.13458 Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	C		500.00
Name of Em Huntington H	ployer dospital	Occupation Director	n	
Receipt For: Primar Other (y General (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of	Receipts This Page (optional)			1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 39 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) New York State Hospital and Healt	hcare Associati	ons' Federal PAC	
Full Name (Last, First, Middle Initial) Ms. Nancy Rongo			Date of Receipt
Mailing Address 28 N. Church Stree	et		1 1 2 3 2 0 0 9
City Cortland	State NY	Zip Code 13045	Transaction ID: SA11AI.13638 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13043	350.00
Name of Employer United Health Services	Occupatio Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. J. Robert Rosenthal			Date of Receipt
Mailing Address 310 E. 14th Street			1 1 1 6 2 0 0 9
City New York	State NY	Zip Code	Transaction ID: SA11AI.13404
FEC ID number of contributing federal political committee.	C	10003	Amount of Each Receipt this Period 250.00
Name of Employer New York Eye and Ear Infi-	Occupatio Vice Pres		
rmary Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Andrew Rubin			Date of Receipt
Mailing Address 61 W. 62nd Street			1 1 1 6 2 0 0 9
City New York	State NY	Zip Code 10023	Transaction ID: SA11AI.13450
FEC ID number of contributing federal political committee.	C	10025	Amount of Each Receipt this Period 350.00
Name of Employer NYU Langone Medical Center	Occupatio Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	I		950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 39 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) New York State Hospital and Healt	the name and address of any political commit	person for the purpose of soliciting contributions lee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert Ruggiero Mailing Address 11 Linden Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Selden FEC ID number of contributing	State Zip Code NY 11784	Transaction ID: SA11AI.13534 Amount of Each Receipt this Period 350.00
Name of Employer Good Samaritan Hosp. Med. Ctr. Receipt For: Primary General Other (specify)	Occupation Contractor Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Dr. Steven Safyer Mailing Address 74 Hunter Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Rochelle	State Zip Code NY 10801	Transaction ID: SA11AI.13748 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2760.00
Name of Employer Montefiore Medical Center Receipt For: Primary General	Occupation Health Care Executive Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	2760.00	
Mr. Matthew Salanger Mailing Address 33-57 Harrison Stro	eet	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Johnson City	State Zip Code NY 13790	Transaction ID: SA11AI.13647
FEC ID number of contributing federal political committee.	C 13730	Amount of Each Receipt this Period 750.00
Name of Employer United Health Services Ho- sps. Receipt For:	Occupation Chief Executive Officer	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	ıl)	3860.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/39 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements and address of any political committee to	no for the purpose of soliciting contributions o solicit contributions from such committee.
New York State Hospital and Health	care Associations' Federal PAC	
Full Name (Last, First, Middle Initial) Mr. Robert Sands		Date of Receipt
Mailing Address 370 Woodcliff Drive Ste.300 City	State Zip Code	11 16 2009
Fairport	NY 14450	Transaction ID: SA11AI.13533 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Constellation Brands, Inc.	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Robert L. Savage		Date of Receipt
Mailing Address 105 Balsam Square		M M / D D / Y Y Y Y Y Y 1 1 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.13307
Poughkeepsie FEC ID number of contributing federal political committee.	NY 12601	Amount of Each Receipt this Period
Name of Employer St. Francis Hospital	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. V. Richard Stelzer		Date of Receipt
Mailing Address 3506 Cross Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Watkins Glen	State Zip Code NY 14891	Transaction ID: SA11AI.13508 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Schuyler Hospital	Occupation Hospital Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	2350.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	or commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) New York State Hospital and Healthc	are Associat	ions' Federal PAC	
	Full Name (Last, First, Middle Initial) Mr. Mark Sullivan			Date of Receipt
=	Mailing Address 8931 Versailles Plank			11 1 16 7 2009
	City Angola	State NY	Zip Code 14006	Transaction ID: SA11AI.13542 Amount of Each Receipt this Period
ı	FEC ID number of contributing ederal political committee.	C	14000	350.00
į	Name of Employer Catholic Health System	Occupation Chief On	on Derating Officer	
Ī	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
B.	Full Name (Last, First, Middle Initial) Mr. Richard Sullivan Mailing Address 250 Fire Island Avenu	1		Date of Receipt
	viaining Address 250 Fire Island Avenu	ie		11 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.13400
-	Babylong	NY	11702	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		1000.00
	Name of Employer Catholic Health System of l.	Occupation Health C	n are Executive	
I	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
	Full Name (Last, First, Middle Initial) Mr. William Tompkins			Date of Receipt
1	Mailing Address 1089 Savoy Drive			1 1 1 6 2 0 0 9
	Dity	State NY	Zip Code	Transaction ID: SA11AI.13460
- I	Melville FEC ID number of contributing ederal political committee.	C	11747	Amount of Each Receipt this Period 600.00
1	Name of Employer Huntington Hospital	Occupation Director	on	
Ī	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
su	BTOTAL of Receipts This Page (optional)	1		1950.00
	TAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 39 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) New York State Hospital and Healtho	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Michael Trevisani Mailing Address 167 Serenity Drive City Norwich	State NY	Zip Code 13815	Date of Receipt 1 1 1 1 6 2 0 0 9 Transaction ID: SA11AI.13481 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Chenango Memorial Hospital Receipt For: Primary General Other (specify) ▼	- 	edical Officer e Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) Mr. James Umbdenstock Mailing Address 8 Crestview Drive City Ft. Salonga FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hosp. Med. Ctr. Receipt For: Primary Other (specify)	State NY C Occupatio Board Mo Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Charles Urlaub Mailing Address 255 Glen Oak Drive City E. Amherst FEC ID number of contributing federal political committee. Name of Employer Kaleida Health Receipt For: Primary General Other (specify)	State NY C Occupatio Vice Pres Aggregate		Date of Receipt M M M / D D D 2009 Transaction ID: SA11AI.13273 Amount of Each Receipt this Period 600.00
SUBTOTAL of Receipts This Page (optional))	1100.00

A. NAME OF COMMITTEE (In Full) New York State Hospital and Healthcare Associations' Federal PAC A. Mailing Address 301 E. 17th Street City State Zip Code NY 10003 Fell In Jumber of contributing federal political committee. Name of Employer Hospital for Joint Diseases Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. City State Zip Code NY 10003 Full Name (Last, First, Middle Initial) Dr. Anthony Vintzileos Mailing Address 4 Sky High Terrace City State Zip Code NJ 08807 Full Name (Last, First, Middle Initial) Dr. Anthony Vintzileos Mailing Address 4 Sky High Terrace City State Zip Code NJ 08807 FEC ID number of contributing federal political committee. City State Zip Code NJ 08807 FEC ID number of contributing federal political committee. City State Zip Code NJ 08807 Fell Name (Last, First, Middle Initial) Chairman, OB/GYN Full Name (Last, First, Middle Initial) Dr. Rajeev Vohra Mailing Address 19 Shady Lane City State Zip Code Transaction ID: SA11AI.1 Date of Receipt Miling Address 19 Shady Lane City State Zip Code Transaction ID: SA11AI.1	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Ustatements may not be sold or used by any person	FOR LINE NUMBER: PAGE 35 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
Mailling Address 301 E. 17th Street City New York NY 10003 FEC ID number of contributing federal political committee. Name of Employer Hospital for Joint Diseas- 85 Receipt For: Primary Other (specify) ▼ Primary General City State Zip Code NY 10003 Cocupation Vice President Aggregate Year-to-Date ▼ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and address of any political committee to	solicit contributions from such committee.
City	Ms. Ann Vanderberg		
New York NY 10003 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Vice President Sa Receipt For: Primary General Other (specify) ▼	Walling Address SUTE. 17(II Street		11 16 2009
FEC ID number of contributing federal political committee. Name of Employer Hospital for Joint Diseases. 8. Receipt For: Primary General Other (specify) ▼			Transaction ID: SA11AI.13290
Receipt For:	FEC ID number of contributing		Amount of Each Receipt this Period 350.00
Primary General Other (specify) ▼ State Zip Code		· ·	
Date of Receipt Mailing Address 4 Sky High Terrace City Bridgewater NJ 08807 FEC ID number of contributing federal political committee. Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rajeev Vohra Mailing Address 19 Shady Lane City Syosset NY 11791 FEC ID number of contributing federal political committee. City Syosset NY 11791 FEC ID number of contributing federal political committee. Name of Employer Syosset NY 11791 FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: SA11AI.1 Amount of Each Receipt this	Primary General		
City State Zip Code NJ 08807 FEC ID number of contributing federal political committee. City State Zip Code NJ 08807 Amount of Each Receipt this C C Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rajeev Vohra Mailing Address 19 Shady Lane City State Zip Code NY 11791 FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: SA11AI.1 Amount of Each Receipt this C State Zip Code Transaction ID: SA11AI.1 Amount of Each Receipt this	Dr. Anthony Vintzileos		Date of Receipt
Bridgewater NJ 08807 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rajeev Vohra Mailing Address 19 Shady Lane City State Zip Code NY 11791 FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Cocupation Physician Aggregate Year-to-Date ▼ Cocupation Physician Aggregate Year-to-Date ▼	Mailing Address 4 Sky High Terrace		
FEC ID number of contributing federal political committee. Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rajeev Vohra Mailing Address 19 Shady Lane City State Zip Code NY 11791 FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: SA11AI.1 Amount of Each Receipt this Physician Aggregate Year-to-Date ▼	City	State Zip Code	Transaction ID: SA11AI.13387
Winthrop University Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rajeev Vohra Mailing Address 19 Shady Lane City State Zip Code NY 11791 FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General Chairman, OB/GYN Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.1 Amount of Each Receipt this C Occupation Physician Aggregate Year-to-Date ▼	FEC ID number of contributing		Amount of Each Receipt this Period 350.00
Primary General Other (specify) ▼ State Zip Code	Winthrop University Hospi-	· '	
Dr. Rajeev Vohra Mailing Address 19 Shady Lane City State Zip Code Syosset NY 11791 FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.1 Amount of Each Receipt this	Primary General		
City State Zip Code NY 11791 FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General State Zip Code Transaction ID: SA11AI.1 Amount of Each Receipt this			Date of Receipt
City State Zip Code NY 11791 FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General State Zip Code Transaction ID: SA11AI.1 Amount of Each Receipt this	Mailing Address 19 Shady Lane		
FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General C Occupation Physician Aggregate Year-to-Date ▼	•	•	Transaction ID: SA11AI.13543
Name of Employer South Nassau Communities Hosp. Receipt For: Primary General Occupation Physician Aggregate Year-to-Date GOO OO		NY 11791	Amount of Each Receipt this Period
Hosp. Receipt For: Primary General Aggregate Year-to-Date Goo. 00	federal political committee.		600.00
Receipt For: Primary General Aggregate Year-to-Date FOO OO		· ·	
600 00	Receipt For:		
		600.00]
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) New York State Hospital and Healt	nd Statements may not be sold or used by any pers the name and address of any political committee to hcare Associations' Federal PAC	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kevin Ward Mailing Address 333 Demott Avenue City Rockville Centre FEC ID number of contributing federal political committee. Name of Employer New York Hospital Medical	State Zip Code NY 11570 C Occupation	Date of Receipt M M M
Ctr. Queens Receipt For: Primary General Other (specify) ▼	Chief Financial Officer Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Arthur Webb Mailing Address 78 State Street	•	Date of Receipt 1 1 2 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.13746
Brooklyn	NY 11201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer St. Vincent;s Catholic Med Ctr	Occupation Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Marcia Weber	•	Date of Receipt
Mailing Address 138 W. Hill Terrace	9	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13346
Painted Post	NY 14870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Corning Hospital	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receints This Page (ontions	al)	950.00

	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) New York State Hospital and Healthca	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Michael Weber			Date of Receipt
	Mailing Address 45 Reade Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Poughkeepsie	State NY	Zip Code 12601	Transaction ID: SA11AI.13451 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Health Quest	Occupatio Chief Exc	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
3.	Full Name (Last, First, Middle Initial) Mr. Adam Weinstein Mailing Address 5645 Main Street	<u> </u>		Date of Receipt 1 1 1 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13571
	FIUSHING FEC ID number of contributing federal political committee.	C	11355	Amount of Each Receipt this Period 350.00
	Name of Employer New York Hospital Queens	Occupatio Associate	n e Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
 ;.	Full Name (Last, First, Middle Initial) Dr. Walter Weiss Mailing Address 277 West End Avenue	<u> </u>		Date of Receipt
			7:a Cada	11 16 2009
	City New York	State NY	Zip Code 10023	Transaction ID: SA11AI.13512 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Winthrop University Hospi- tal	, '	Pediatric Anesthesiology	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional) .			1550.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) New York State Hospital and Heal	and Statements may not be sold or used by any pers g the name and address of any political committee to the theorem Associations' Federal PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Deborah Weymouth Mailing Address 70 Howell Street City Canandaigua FEC ID number of contributing federal political committee. Name of Employer Thompson Health Receipt For: Primary General Other (specify)	State Zip Code NY 14424 C Occupation CFO Aggregate Year-to-Date 350.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Robert Whyte Mailing Address 2306 Charing Cros City Baldwin FEC ID number of contributing federal political committee. Name of Employer South Nassau Communities Hosp. Receipt For: Primary General Other (specify)	State Zip Code NY 11510 C Occupation Board Member Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Diana Woodhouse Mailing Address P.O. Box 593 City Sackets Harbor FEC ID number of contributing federal political committee. Name of Employer Samaritan Medical Center Receipt For: Primary General Other (specify)	State Zip Code NY 13685 C Occupation Nurse Aggregate Year-to-Date 250.00	Date of Receipt M M M J D D J V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	1200.00
TOTAL TIVE D. 1.111		52260.00

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 39/39
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) New York State Hospital and Healthcare Associations (In Full)	ations' Federal PAC	
Full Name (Last, First, Middle Initial) The High Need Hospital PAC Mailing Address 20 Bursley Place City State	Zip Code	Date of Receipt M M M / D D A 2 0 0 9 Transaction ID: SA11C.13753
White Plains FEC ID number of contributing federal political committee. C C		Amount of Each Receipt this Period 2000.00
Name of Employer Receipt For: Primary General Other (specify)	ate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	2000.00